**Treatment Consent**

**My Background, Education and Credentials:**

I am a Licensed Mental Health Counselor in the State of Washington, license number LH00004230. I have an undergraduate degree and background in visual arts. I received my Master of Arts Degree in Psychology and Mental Health Counseling from Antioch University in Seattle in 1997. I also hold certificates in Foster Care And Adoption Therapy, and in Attachment And Trauma Focused Therapy. I have worked in the field of social services since 1992. My work history includes private practice since 2003, as well as clinical positions held at several local mental health clinics, including Highline West Seattle Mental Health Center (now NAVOS), Seattle Children’s Home, Community Care for Children, and Family Services of King County (now Wellspring Family Services) between 1997 to 2007. I have extensive experience working with adults, adolescents, children, families and couples. I have received multiple trainings in child therapy, play therapy, and art therapy. As part of my professional responsibilities I engage in regular and ongoing continuing education in areas related to the focus of my practice as well as ethics and emerging theory and research in the field of mental health counseling.

**Approach to Treatment:**

I am trained in psychodynamic theory and technique, as well as attachment-based theory and practice. My specific mode of therapy will vary and is in part determined by the needs and issues of the client. The initial focus will be on assessment and developing a mutual understanding of the issues that bring you and/or your family in for therapy. We will create a plan for the sessions that identifies the goals and an initial time frame for our work together.

**Risks and Benefits of Psychotherapy:**

Psychotherapy can have benefits and risks. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

**Adults**:

With individual adults, I work primarily from an insight-oriented psychodynamic approach and incorporate elements of cognitive and behavioral therapy. In general, this means we will talk - about your emotional experiences, both past and present, that are sources of concern to you. Over the course of the therapy process we will work to understand more about what has prevented you from making desired changes, as well as what is working for you. Through paying attention to what is happening in your life, as well as in the therapy process itself, we will allow you to better understand yourself and others, release old patterns, make clearer decisions and create a more satisfying life. Therapy is an opportunity to experience a healthy working relationship, based on reflection, thought and commitment to your development and process of growth. My role will be to listen, reflect, and help to illuminate whatever you bring to the sessions. Your willingness and focus on self-awareness and your work between sessions are essential elements of your work together.

**Children & Families:**

In working with young children, I frequently make use of play and art therapy techniques. Children tend to communicate and seek resolution through their play and art, and many conflicts and issues may be addressed by working with children through these natural processes. Children and families may be given "homework," or things to try at home to improve behaviors, emotional regulation, and family dynamics.

In work with traumatized children and children with attachment issues, parents can be expected to be heavily involved in their young child’s therapy process and can usually expect to sit in on and participate in their child’s sessions. We may work dyadically, meaning we will work on the dynamics of the relationship between you and your child. Parents are encouraged to offer insights, ask questions and consult with me often. I will also be scheduling separate parent sessions when appropriate.

In working with young children with attachment issues, I may direct the child in certain kinds of activities and play, along with the parent, that are designed to strengthen attachment between parent and child. These activities may be very “hands on,” i.e. encouraging holding and feeding, rocking, etc. No child will ever be held in a coercive way. Sometimes a very upset child may be “held” or restrained, if they are presenting a danger to themselves or others, until they can regain control of their body. Restraint is never used as a therapy “technique” but is only done to prevent injury to the child or another person.

**Adolescents**:

With older children and teens we may do a combination of playing and talking, and parent involvement will be defined according to the issues and goals and age of the child, as well as his/her abilities to process and communicate. If you are a parent of a child 13 or older, please know that your child has a legal right to refuse treatment, and must consent to their own treatment. Please understand your child may need to speak to or meet with me privately, and may discuss sensitive issues in their life with me without you present. I will not disclose such information to you without your child’s consent. I will let you know if I judge your child to be in mortal danger. If your child is over 13-years-old, I will, with your child's written consent, provide a summary of progress towards identified treatment goals at termination, as well as any recommendation for additional treatment.

**Consultation:**

I attend a consultation group monthly where I discuss cases with other professionals, while maintaining the anonymity of the client(s). When the client is a child I may request to contact other systems with which the child is involved, including school staff, day care staff, pediatricians, social workers, etc. in order to gain a more complete picture of the child’s world as well as to provide recommendations and assistance as appropriate, and I will only make such contract with the written permission of the child (over 13) or of the parent/guardian (under 13). Please see Practice Policies and Privacy Policies forms for more information.

**By signing below I acknowledge that I have read and understand this document, I agree to the terms of this document and do hereby request and consent to treatment by Laura Stone, LMHC.**

**Client** Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*For Parents of Children - Child Consent (children over 13 must sign their own consent):**

I/We the undersigned parents or legal guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby request and consent to the treatment of our said child by Laura Stone, LMHC.

Parent or Guardian #1 signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian #2 signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_